



P.O. Box 240609  
Anchorage, AK 99524



BLUE CROSS BLUE SHIELD OF ALASKA

Page Number A- 1

Date of Payment: MARCH 5, 2012

Check Number: 1234567890

Payment Reference ID: 1234567890123456

Provider Number: 123456789012

Provider Tax ID Number: 123456789

NPI ID: 1234567890

Provider Name  
Provider Address  
City, ST 99999-9999

### GRAND TOTAL SUMMARY

BILLED CHARGES	ALLOWED AMOUNT	PROVIDER ADJUSTMENT / DISALLOWED	OTHER INSURANCE ADJUSTMENT	PATIENT LIABILITY	PAYABLE AMOUNT
\$474.00	\$82.89	\$391.11	\$0.00	\$0.00	\$82.89
LESS PAID TO CODES LISTED AS "S" OR "C"					\$0.00
TOTAL RECOVERED THIS PAYMENT CYCLE					\$0.00
TOTAL PAYABLE					\$82.89

Electronic Claims submission offers faster payments; and accurate, cost effective, claims processing. For more information about how to bill your claims electronically contact our EDI department at 1-800-435-2715.

PLEASE DETACH BEFORE DEPOSITING



P.O. Box 240609  
Anchorage, AK 99524

The Bank of New York (Delaware)  
Newark, Delaware

This check has a blue and white background  
with an audit number on the back

CHECK NO. 1234567890

PAY: EIGHTY TWO DOLLARS AND 89 CENTS

62-35  
311

Pay To The Order Of

PAYEE NO.	DATE	PAY
123456789012	MM/DD/YYYY	\$82.89

PROVIDER NAME  
PROVIDER ADDRESS  
CITY, ST 99999-9999

VOID After 180 Days

Non-Negotiable

99999999 999999999 9999999999



P.O. Box 240609  
Anchorage, AK 99524



**BLUE CROSS BLUE SHIELD OF ALASKA**

Page Number B- 1

Date of Payment: MARCH 5, 2012

Check Number: 1234567890

Payment Reference ID: 1234567890123456

Provider Number: 123456789012

Provider Tax ID Number: 123456789

NPI ID: 1234567890

|||||  
PROVIDER NAME  
PROVIDER ADDRESS  
CITY, ST 99999-9999

### BY PROVIDER SUMMARY

# OF CLAIMS	PROVIDER NAME	BILLED CHARGES	PAYABLE AMOUNT
1	Steve R Torchio	\$474.00	\$82.89
GRAND TOTAL		\$474.00	\$82.89
LESS PAID TO CODES LISTED AS "S" OR "C"			\$0.00
TOTAL RECOVERED THIS PAYMENT CYCLE			\$0.00
TOTAL PAYABLE			\$82.89





P.O. Box 240609  
Anchorage, AK 99524



PROVIDER NAME  
PROVIDER ADDRESS  
CITY, ST 99999-9999

**MARCH 5, 2012**  
**DETAILED EXPLANATION OF PAYMENT**

Page Number C- 1  
Date of Payment: MARCH 5, 2012  
Check Number: 1234567890  
Payment Reference #: 1234567890123456  
Provider Number: 123456789012  
Provider Tax ID Number: 123456789  
NPI ID: 1234567890

Patient Name Subscriber # & PT Suffix Patient Account # Subscriber Name Claim # Provider Of Service  Product	SERVICE DATES	CODE / MODIFIER	UNITS BILLED / ALLOWED	APC/ APG / DRG / ROOM TYPE	BILLED CHARGES	INFORMATIONAL	PROVIDER	OTHER INSURANCE ADJUSTMENT	PATIENT LIABILITY	PAYABLE AMOUNT	REASON REMARKS
						ALLOWED AMOUNT	ADJUSTMENT (A) DISALLOWED (D)		FEE ADJUST (A) COB SAV APP (B) COINSURANCE (C) DEDUCTIBLE (D) FUNDING ACCT (F) INELIGIBLE (I) COPAY (P)		
TORCHIO, STEVE R	01/02/12 01/02/12	83615	1/1		37.00	8.44	28.56 A	0.00	0.00	8.44	PSS
ABC 100000000-00	01/02/12 01/02/12	82728	1/1		79.00	19.03	59.97 A	0.00	0.00	19.03	PSS
01053	01/02/12 01/02/12	83550	1/1		71.00	12.21	58.79 A	0.00	0.00	12.21	PSS
TORCHIO, STEVE R	01/02/12 01/02/12	80050	1/1		287.00	43.21	243.79 A	0.00	0.00	43.21	PSS
809261455600	Claim Total										J70
Sacred Heart Medical			Paid To:		\$474.00	\$82.89	\$391.11	\$0.00	\$0.00	\$82.89	
AK HERITAGE PLUS											
VOUCHER TOTAL					\$474.00	\$82.89	\$391.11	0.00	\$0.00	\$82.89	

LESS PAID TO CODES LISTED AS "S" OR "C"  
TOTAL RECOVERED THIS PAYMENT CYCLE  
TOTAL PAYABLE AMOUNT

\$82.89

Our records indicate your current Tax ID as being 999999999

Paid To Code: P = Provider/Facility G = Group I = IPA or Rollup of Group S = Subscriber C = Copayee Check If blank, no payment was made.

**Reason Remarks Explanation**

PSS THE CHARGE EXCEEDS THE ALLOWABLE RATE FOR THIS SERVICE.

J70 ORIGINAL BILLED PROCEDURE CODE(S) REBUNDLED TO COMPREHENSIVE PROCEDURE CODE PER INDUSTRY STANDARD GUIDELINES.

**J70 Transfer/Rebundled Detail:**

Claim Number: 809261455600

Add Procedure Code 80050 to the current claim. The transfer relationship is 84443 on Claim Id – Ext/Int Line Id [this claim – 2/2]; 80053 on Claim Id –Ext/Int Line Id [this claim – 3/3]; 85025 on Claim Id –Ext/Int Line Id [this claim – 4/4]